BETTON	DET COT Continue corporate limits, give townshift only Length of stay in b c. CITY COUNTY C. CITY C. C	DEPTON Depton	MENI	DED		=	PLACE OF DEATH	imary Registration District No. <u>3004</u>	2. USUAL RESIDENCE (Where		
3. NAME OF DECEASED	1. NAME OF DECEASED First Middle Last 1. DATE Month Day Y Death Jan 30 1962	3. NAME OF DECEASED (Type or print) MARY B. SIMPS ON SIMPS ON SIMPS ON SIMPS ON AND INCOMPANY SIMPS ON MASSIGN IN JOURN ON SIMPS MASSIGN IN JOURN IN SIMPS ON SIMPS MASSIGN IN JOURN IN SIMPS ON SIMPS MASSIGN IN JOURN IN SIMPS ON SIMPS IN SIMPS ON MASSIGN IN JOURN IN SIMPS ON SIMPS IN SIMPS ON MASSIGN IN JOURN IN SIMPS ON SIMPS IN SIMPS ON MASSIGN IN JOURN IN SIMPS ON SIMPS IN SIMPS ON MASSIGN IN JOURN IN SIMPS ON SIMPS IN SIMPS ON MASSIGN IN JOURN IN SIMPS ON SIMPS IN SIMPS ON MASSIGN IN JOURN IN SIMPS ON IN SIMPS ON SIMPS IN SIMPS ON MASSIGN IN JOURN IN SIMPS ON IN SIMPS O				_	b. CITY (If outside corporate limits, give TOWN OR TOWN Lamar c. FULL NAME OF (If NOT in hospital, give loce HOSPITAL OR	1 day	c. CITY OR TOWN Lamar d. STREET	(If outside, give location)	Inside I Yes Reside o Yes
Top	Top. USUAL OCCUPATION (Give kind of work done 100. KINN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO OWN HOME 100. WIND	TOB. USUAL OCCUPATION (Give kind of work done during mestads working life, even if retired) TOB. USUAL OCCUPATION (Give kind of work done during mestads working life, even if retired) OWN HOME ABOUT BY THE STANKE ABOUT Emgland Is. MAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, 81 unknown) (If yes, give war or detes of servic Vers, or, 92 unknown) (If yes, give war or detes of servic Vers, or, 93 unknown) (If yes, give war or detes of servic Vers, or, 94 unknown) (If yes, give war or detes of servic Vers, or, 94 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of servic Vers, or, 95 unknown) (If yes, give war or detes of yes) Is. CAUSE OF DEATH (Enter only one cause per line for vers, or, or, 95 unknown) (If yes, give war or detes of yes, give war or detection (Yes, no.) OUT OF DEATH WAS COUNTED (In yes, give war or detes of yes, g				"	(Type or print) MARY	E. SIM	PSON DEATH	Jan. 30, 196	2
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, og unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), which gave rise to above cause (a), stating the underlying the underlying cause (a), stating the underlying	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service NO Mr. Herman Simpson, Lamar, Mo.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic No Mr. Herman Simpson, Land Mr. Herman Si				13	a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14	. NAME OF HUSBAND OR WIF	
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		Death occurred at				ME	20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	0f. CITY, TOWN, OR LOCATION	COUNTY	s
226. SIGNATURE CULCULO 226. ADDRESS 226. ADDRESS 226. DATE 227. DATE 228. BURIAL CREMATION, 236. DATE 238. BURIAL CREMATION, 236. DATE 238. BURIAL CREMATION, 236. DATE		ZZ TUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNAL Chiles Funeral Home, Lamar, Mo. Feb. 1. 1962					, TOREKAE DINGERON	DRESS 25. DATE	RECD. BY LOCAL REG. 26 R	nar, Missourio	• •

FEB 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
r by	, Student Embalmer No
vorking under my personal supervision.	Signed Garence W. Chile
Signature of Student Embalmer	2413
	Licensed Embalmer No. 27/2 P. O. Address Samas Moo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.